

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF  
AVRAMIS ET AL.

APPLICATION NO: 10/505,399

FILED: AUGUST 19, 2004

Adjustment date: 10/07/2008 GARIAS  
08/29/2008 INTEFSW 00001084 190134 10505399  
02 FC:1253 1050.00 CRFOR: COMBINATIONS OF (A) AN ATP-COMPETITIVE INHIBITOR OF C-  
ABL KINASE ACTIVITY WITH (B) TWO OR MORE OTHER  
ANTINEOPLASTIC AGENTSCommissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450PETITION FOR EXTENSION OF TIME

Sir:

The Office Action of February 1, 2008 has a shortened statutory time set to expire on May 1, 2008. A three-month extension is hereby requested pursuant to 37 CFR §1.136(a).

Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$1050 for payment of the extension fee. An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.17 which may be required, or credit any overpayment, to Account No. 19-0134 in the name of Novartis.

Respectfully submitted,

George R. Dohmann  
Attorney for Applicants  
Reg. No. 33,593  
Phone No. (862) 778-7824Novartis Pharmaceuticals Corp.  
Patents Pharma  
One Health Plaza, Building 104  
East Hanover, NJ 07936-1080

Date: 08-28-08

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 10/03/08		2 Serial/Patent # 10/505,399										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
X	Extension of Time		08/28/08	\$ 1,050.00								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 1,050.00							
			8 TO BE REFUNDED BY:									
			Treasury Check									
			Credit Deposit A/C #:									
			9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> </tr> </table>			1	9	--	0	1	3	4
1	9	--	0	1	3	4						
10 REASON:												
	Overpayment											
	Duplicate Payment											
X	No Fee Due (Explanation):											
Extension of time unnecessary												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME:		A. Kelley		TITLE: Petitions Examiner								
SIGNATURE:				PHONE: 2-6059								
OFFICE:		Office of Petitions										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED:				DATE: 10/07/08								

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